

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.
210489

APPLICANT(S)

FILING DATE
12/18/98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
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46													
47													
48													
49													
50													
TOTAL NO.	7						TOTAL NO.						
TOTAL OFF.	7						TOTAL OFF.						
TOTAL	28						TOTAL						